

Dual Diagnoses: Engaging Patients with Behavioral Health and Physical Health issues

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Network of Trainers

Objectives

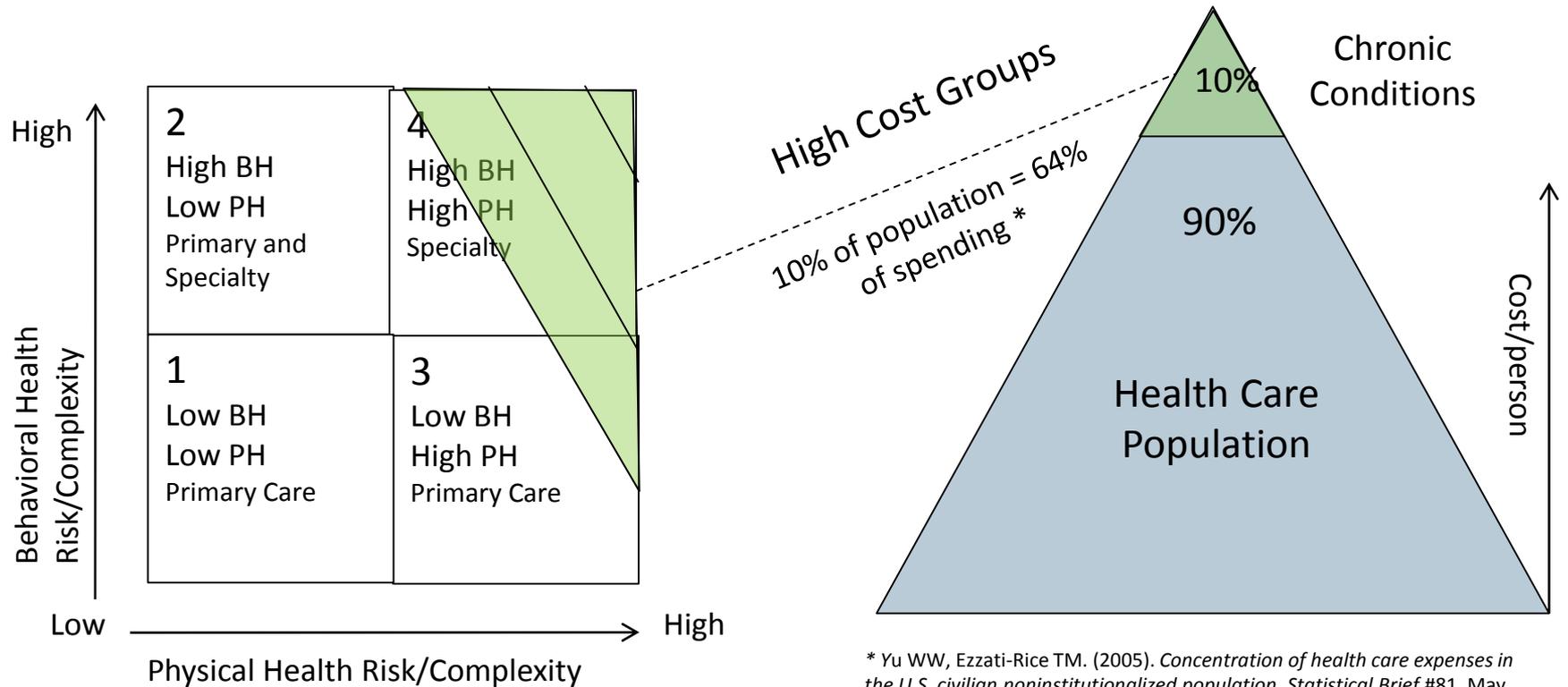
- Explain the prevalence of Behavior Health and Physical Health Comorbidities
- Describe 2 differences between Diagnostically/clinically driven treatment approaches and Strength-based treatment approaches when working with People who present with comorbid behavioral health and physical health issues
- Describe 3 elements of Motivational Interviewing and how they affect changes in health behaviors through engagement and participation.
- Illustrate a comparison of a typical “diagnose and prescribe” approach to treatment showing the usefulness of an “evocative” method and how it leads to an increase in patient engagement, participation and follow-through.
- Role play how a shift to an assistive/collaborative partnership helps people change health behaviors by tying what the practitioner does to activate the person’s intrinsic motivation

Assumptions

- **Behavioral health** symptoms/conditions are manifest in physical health symptoms/conditions
- **Physical health** symptoms/conditions are overlaid with behavioral health symptoms/conditions
- **Health behaviors** are driven by:
 - Beliefs
 - Values
 - cognitive understanding (knowledge)
 - Feelings
 - actions—skills
- **Socio-economic**, support systems and other environmental factors influence health behaviors including access of health care, participation, and ability to benefit from treatment

The costs of chronic illnesses -

The Quadrant Model



Mauer, B. (2002/2006)

* Yu WW, Ezzati-Rice TM. (2005). *Concentration of health care expenses in the U.S. civilian noninstitutionalized population. Statistical Brief #81.* May 2005. Agency for Healthcare Research and Quality, Rockville, MD.

High cost populations require truly integrated care. Who are they in your program?
(SAMHSA)

Focused Initiative: Care Management

Definition:

Care management is a set of activities designed to assist patients and their support systems in managing medical conditions and related psychosocial problems more effectively, with the aims of improving patients' functional health status, enhancing the coordination of care, eliminating the duplication of services, and reducing the need for expensive medical services.

*Bodenheimer T, Berry-Millett R: Follow the money - Controlling expenditures by improving care for patients needing costly services. *New Engl J Med* 2009. 361(16): 1521-1523

Recovery Process

- Care Manager/Practitioner strives to form a collaborative/assistive relationship as the **“tool”** for changing health behaviors necessary to acquire or re-acquire the ability to perform specific critical life functions that have been lost to **specific** symptoms or conditions
- The Case Manager/Practitioner is the assistive/collaborative partner

Care Management Example (cont')

Results at End of Year 1:

- Patients were more satisfied with their care
- Chronic care outcomes (such as Hgb A1c for those with diabetes or blood pressure for people with hypertension) all improved.
- Patients reported feeling better and more functional, with fewer absences and unproductive days due to illness.
- Costs for visits, drugs and testing rose but ER visits and hospital admissions fell sharply compared to a set of matched control patients
- Net spending (taking into account the additional case rate) dropped by 20 percent.
- Implementing a Medical Home for Patients with Complex Chronic Disease, R. Fernandopule, MD, M.P.P.

Strength-based Outcomes

Adding Motivational Interviewing at beginning and ending of treatment increases retention as well as follow-through

Participation with more frequency and optimal lengths of stay are associated with more durable and sustainable changes in Health Behaviors

Changes in Health Behaviors that continue following active care improve both mental and physical health conditions increasing ability to perform critical life functions

Motivation is the Key!

- Motivation to participate in Co-morbid treatment for mental and physical health is multi-dimensional:
 - Desire
 - Ability
 - Reason
 - Need
 - Commitment

Motivation is the Key

- Understanding the DARNC provides the 1st opportunity for building the tool for change
- Clinical trials for Motivational Interviewing used for engagement prior to screenings and assessment has shown effects on frequency and length of participation in care
- This requires a shift from assessment, ***diagnosis and prescription*** (diagnostically and clinically driven care) to ***Evocation and Collaboration***

Motivation is the Key

- Diagnostic and Clinically Driven
 - Assign illness label
 - Prescribe remedies
 - Monitor for treatment Compliance (adherence)
- Evocation and Collaboration
 - Learn from the person:
 - what is goal (critical life function to be recovered)
 - What is the target of treatment (specific symptom or condition interfering with goal)
 - What is the level of readiness (DARNC)

Motivation is the Key

- Motivational Interviewing is a method that helps a person:
 - Recall and use what they know
 - Gives them an expert partnership
 - Enables them to benefit from care
 - Keeps them in the active role
 - Provides supports and services through the assistive/collaborative partner (case manager/practitioner)

Motivational Interview

- How does it work?
 - Forms the tool for change
 - Provides a safe and unencumbered place to:
 - Say **what** the person **needs** to say
 - The **way** the person **needs** to say it
 - And get **heard** the way the person **needs** someone to hear them
- Very difficult for practitioners and nearly impossible in a Diagnostic and Clinically driven approach

Motivational Interviewing

- The correctness of the care manager/practitioner's advice is rarely helpful
- The ability to evoke from the person allows the practitioner to support and strengthen
- Readiness or motivation increases when it comes from the person and is supported by the practitioner
- Elicit and Strengthen Change Talk

Some Key Elements of MI

- Evocation over Prescription
- Making Sense of Resistance
- Watching for Effects of Practitioner utterances on engagement
- Tying objectives to Intrapersonal Fuel
- Influencing and Increasing Motivation

Mr. Smith video

Participant demonstration advice/evocation

Comparison of Treatment Plan Approaches

- Diagnose and Prescribe
 - Goal #1: Decrease Mark's comorbid bi-polar and COPD symptoms
 - Objective: Comply with Medication
 - Objective: Cease use of cigarettes
- Motivational Interviewing
 - Goal #1: Get and keep a job
 - Objective: Find a medication that helps Mark Keep his job
 - Objective: Improve breathing as part of keeping his job

Motivational Interviewing

- Spirit

Autonomy – Collaboration – Evocation – Compassion

- Principles

Rolling with Resistance

Expressing Empathy

Developing Discrepancy

Supporting Self-efficacy

- Techniques

Open Ended Questions – Affirmations – Reflections –
Summary

Motivational Interviewing

- Process
 - Engage
 - Focus
 - Eliciting and Strengthening Change Talk
 - Planning
 - Implementing and supporting

Health Coaching Example

Motivational Interviewing

- Case Manager/Practitioner Skills
 - Trusting the Person
 - Avoiding the need to manage, control, correct the person
 - Making sense of resistance
 - Be able to demonstrate that you get what is going on with a person From What They Say
 - Elicit.....Provide.....Elicit

Motivational Interviewing

- Techniques – OARS
 - Evocative Questions

I'm wondering, can you tell me what happened
at the zoo

Can you tell me what happened at the Zoo

Tell me what happened at the zoo

What happened at the zoo

You saw what happened at the zoo

Motivational Interviewing

- Affirmation = Reflection of Readiness
- Reflections
 - Simple
 - Complex
 - Reframe
 - Double Sided
 - Metaphor
 - Amplified
- Summary
 - Tracking
 - Shifting

Making Sense of Resistance

- The collaborative versus the prescriber role
- The practitioner is the collaborative assistive partner
- The effect of collaboration pushes the patient to the active role
- The effect of the prescriber role is “dealing with and authority figure” and may beget the passive role

Motivation is the key to Making Sense of Resistance

- Many patients are trusting of the practitioner and ask for Prescribed Treatments
- Approaching “all” patients as if they are ready to do anything the prescriber says may evoke passivity or resistance
- Beginning with first focus on the relationship and intrapersonal fuel is the key to moving with patient and reducing resistance

Making Sense of Resistance

- Many patients are clearly resistant or appear to be cooperative yet do not follow-through on prescribed treatments (medication, therapies, behavior changes, etc.)
- The risks are treatment failures and their consequences to the patient, practitioner and others
- Making sense of resistance is a key concept of motivational Interviewing and proven to be effective for improving treatment outcomes at all levels of readiness

Making Sense of Resistance

Rolling with Resistance

- Resistance Always Makes Sense
- Making Sense of Resistance is an Advanced Skill
- Confronting Resistance has the same outcome as “No Treatment at All!”
- Using Strength-based approaches “Means” making sense out of resistance
- Arguing is the practitioner helping themselves feel less frustrated
- Argument abandons the person receiving counseling

Motivational Interviewing

- Role Play
 - Everyone think of a change issue of your own
 - Nothing that you would find difficult to describe
 - Volunteer
 - Be right back
 - Lets make a list
 - Lets compare
 - What would the evocative approach sound like

References

- Motivational Interviewing: Helping People Change, Miller and Rollnick, The Guilford Press, 2012
- Building Motivational Interviewing Skills: A Practitioner Workbook, David Rosengren, The Guildford Press, 2009
- Motivational Interviewing in health care: Helping patients change behavior, Rollnick and Miller, The Guilford Press, 2008